| Disclosure Report Cover Use this form for general report and comm | nittee informat  |  |                          | itted along with  | <u> </u>   | Yes  | No                       |
|---|--|--|--------------------------|-------------------|--|--|--------------------------|
| Do not use this form to update information                        | n.   |  | w = 0                    | <u> </u>          |  |  |                          |
| 1. Committee Information  |  |  | 10054                    |                   |  |  |                          |
| a. Full Name  |  |  |                          | Agentes Market    | c. ID  | Number   |                          |
| Re-Elect Judy D Martin Register of Deed                           |  | Ţ  | RECI                     | EIVED             |  |  |                          |
| b. Mailing Address (include City, State and Zip C                 | lode)  |  |                          | PIN A 3           | d. Da  | ite Filed  |                          |
| 1844 Highway 24-27<br>Cameron, North Carolina 28326               |  |  |                          | E 0 X0.18         | all frame.   | 11/30/2018   | . sárousfergus.          |
| ·   | · .  |  | MOON                     | RE BOE            | e. Pli   | one Number<br>910 245-7292                                 |                          |
| 2. Report Year 3. Period Start Date                               | e (mm/dd/yy)   | 4. Period End D  | ate .                    | 5. Treasurer F    | ull Name   |  |                          |
| 2018 10/21/201  | L8   | (mm/dd/yy)<br>11/30/2018   |                          | Linda W Cheel     | k  |  |                          |
| 6. Type of Committee (Check One)                                  | i o m  | e of Report (  | 11.201.22.2.1            |                   | turis establish  |  |                          |
| Candidate Campaign Party  | 9. typ<br>Munici   | A Department of the Control of the C | State/Con                | one type of rep   | 1  | <i>one category)</i><br>rendum                             |                          |
| PAC Referendum  |  | Organizational   |                          | rganizational     |  | Organizational   |                          |
| Independent Laint Francisco                                       |  | Thirty-five day  |                          | uarterly          |  | Pre-referendum   |                          |
| Expenditure   |  | Thirty-nvc day   | "                        | uatterry          |  | 1 to-referendum  |                          |
| 7. Type of Fund (if applicable, check one                         |  | Pre-primary  |                          | First             |  | Final  |                          |
| "Booster Fund"  |  | Pre-election   | <del>     </del>         | Second            |  | Supplemental Final   |                          |
| Building Fund   | ΙĦ   | Pre-runoff   | <del>   </del>           | Third             |  | Annual   |                          |
|   |  | Semi-annual  | lH                       | Fourth            |  | Special  |                          |
|   |  | Mid Year   | Se                       | mi-annual         |  |  |                          |
| Other:  |  | Year End   |                          | Mid Year          | 10.  | Special Report Na  | ame                      |
|   |  | Final  |                          | Year End          |  |  |                          |
| 8. Number of Fundraisers this Report                              |  | Special  | Fi                       | nal               |  |  |                          |
| 0   | į  |  | ☐ Sp                     | pecial            |  |  |                          |
| 11. Account Information   |  | II Ā   | ecount In                | formation         | <u> </u>   |  |                          |
| a. Financial Institution Full Name                                | e un car contrato de la contrato de | A STATE OF THE PARTY OF THE PAR | part of printings of the | ution Full Name   | STATE OF STA | SE ST. TE SE, ST. SELL, PANSES, MACHINES AND SELECT        | Appropriate and the con- |
| Branch Banking & Trust Company                                    |  |  |                          |                   |  | 1 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                     |                          |
| b. Purpose c. Account Code  | Maria de la comparta | b. Pur   | pose                     |                   | C. /   | Account Code   |                          |
| Campaign Account for  | 1  |  |                          |                   |  |  | -                        |
| Receipts & d. Period Begin  | Balance  |  |                          |                   | <b>d.</b> I  | Period Begin Balance                                       |                          |
| Expenditures \$ 568.15  |  |  |                          |                   | \$   |  |                          |
| CERTIFICATION   |  | Electrosite No.  |                          |                   | Book tak   |  |                          |
| I certify that the Committee or Fund is in a                      | compliance wit   | h all applicable pro   | visions of               | f Article 22A. 22 | 2B. & 22I  | 0-22M of Chapter   | 163 of                   |
| the NC General Statutes and that no funds                         | are commingle  | ed with prohibited   | or other no              | on-disclosed fun  | ds. I furth  | er certify that this                                       | report                   |
| is complete, true and correct and that I hav                      | e been trained   | by the NC State Be   | oard of Ele              | actions,          |  | •  | _                        |
| Linda W Chee  | , K  | _ Xendo  | 5 W.C                    | luce.             | 11/30/   | 2018   |                          |
| Printed Name of Signer  |  | ✓ \Signature   | of Appointed             | d Treasurer       |  | Date   |                          |
| FOR OFFICE USE ONLY   |  |  | ر<br>مستند ومنوز         |                   |  |  |                          |
| Date Received: 11-50-1  | <u>ර</u>   | Employee:  | (G(1)                    | <u>(* </u>        |  | <u>ry Method</u><br>Normal Mail                            |                          |
| Date Postmarked:  |  | Employee:  |                          |                   |  | Normai Man<br>Registered Mail<br>Hand Delivered            |                          |
| Date Scanned:   |  | Employee:  |                          |                   |  | Hand Denvered<br>Electronically File<br>Signer has not rec |                          |

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

Employee:

Date Data Entered:

mandatory training

| Detailed | Summary |
|----------|---------|
|          | Dummer  |

THE RESERVE THE PROPERTY OF THE PARTY OF THE

| Amen | lment |    |
|------|-------|----|
|      | Yes   | No |

Use this form to summarize all disclosure reporting forms and to total monetary information.

| 1. Committee Full Name (and Fund if applicable) 2. J                |            |                                | D Number   |
|---|------------|--------------------------------|--|
| Re-Elect Judy D. Martin Register of Deeds Fir                       | -Ruisian   |                                |  |
|   |            | TD-4-141-5-                    | Total this   |
| Start of Election Cycle: January 1,                                 | 2018       | Total this<br>Reporting Period | Election Cycle                                     |
| 4) Cash on Hand at Start  |            | \$ 568.15                      | \$ 568.15  |
| RECUPTS   |            |                                |  |
| 5) Aggregated Contributions from Individuals                        | (CRO-1205) | \$ -0-                         | \$ -0-   |
| 6) Contributions from Individuals                                   | (CRO-1210) | \$ -0-                         | \$ -0-   |
| 7) Contributions from Political Party Committees                    | (CRO-1220) | \$ -0-                         | \$ -0-   |
| 8) Contributions from Other Political Committees                    | (CRO-1230) | \$ -0-                         | \$ -0-   |
| 9) Loan Proceeds  | (CRO-1410) | \$ -0-                         | \$ -0-   |
| 10) Refunds/Reimbursements To the Committee                         | (CRO-1240) | \$ -0-                         | \$ -0-   |
| 11) Other Receipt Sources   |            |                                |  |
| 11a) Interest on Bank Accounts                                      | (CRO-1250) | \$ -0-                         | \$ -0-   |
| 11b) Contributions from Not-for-Profit Organizations                | (CRO-1250) | \$ -0-                         | \$ -0-   |
| 11c) Outside Sources of Income                                      | (CRO-1250) | \$ -0-                         | \$ -0-   |
| 11d) Legal Expense Fund – Other Sources                             | (CRO-1270) | \$0-                           | \$ -0-   |
| 11 e) Exempt Purchase Price Sales                                   | (CRO-1265) | \$ -0-                         | \$ -0-   |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11  | d and 11e) | \$ -0-                         | \$ -0-   |
| <u>EXPENDITURIES</u> .  |            |                                | Para Para Maria Para Para Para Para Para Para Para |
| 13) Disbursements   |            |                                |  |
| 13a) Operating Expenditures   | (CRO-1310) | \$ -0-                         | \$ -0-   |
| 13b) Contributions to Candidates/Political Committees               | (CRO-1310) | \$ -0-                         | \$ -0-   |
| 13c) Coordinated Party Expenditures                                 | (CRO-1310) | \$ -0-                         | \$ -0-   |
| 14) Aggregated Non-Media Expenditures                               | (CRO-1315) | \$ -0-                         | \$ -0-   |
| 15) Loan Repayments   | (CRO-1420) | \$ -0-                         | \$ -0  |
| 16) Refunds/Reimbursements From the Committee                       | (CRO-1320) | \$ 568.15                      | \$ 568.15  |
| 17) In-Kind Contributions   | (CRO-1510) | \$ -0-                         | \$ -0-   |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16         | 6 and 17)  | \$ 568.15                      | \$ 568.15  |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract | ! line 18) | \$ -0-                         | \$ -0-   |
| ADDITIONAL INFORMATION  |            |                                |  |
| 20) Non-Monetary Gifts Given to Other Committees                    | (CRO-1330) | \$ -0-                         | CAT SOUTH ALL CATEGORIES                           |
| 21) Outstanding Loans (incl. ones from other campaigns)             | (CRO-1430) | \$ -0-                         |  |
| 22) Debts and Obligations owed By the Committee                     | (CRO-1610) | \$ -0-                         |  |
| 23) Debts and Obligations owed To the Committee                     | (CRO-1620) | \$ -0-                         |  |
| 24) Account Transfers Within the Committee                          | (CRO-1720) | \$ -0-                         |  |
| 25) Administrative Support  | (CRO-1710) | \$ -0-                         | \$ -0-   |
| 26) Forgiven Loans  | (CRO-1440) | \$ -0-                         | \$ -0-   |
| 27) 48-Hour Notice Reports Sum                                      | (CRO-2220) | \$ -0-                         | \$ -0-   |
| 28) Contributions to be Refunded                                    | (CRO-1215) | \$ -0-                         | \$ -0-   |
| 20, COMMINATOR TO NO INTERPRETA                                     | (          | 1 7                            |  |

|   | abil id  | MALL MARINES   | 3 MM  | Like Island  | Ame                  | ndmen  | t   |                      |                             |
|---|--|--|---|--|----------------------|--|---|----------------------|-----------------------------|
| Refunds/Reimbursemen  | nts From the Committee   | Pg   |   | of   |                      | 3  | es [  | ]                    | No                          |
| Use this form to report refunds/rein  | mbursements, including contributions   | s returned to the c  | ontrib  | utor.  |                      |  |   |                      |                             |
| 1. Committee Full Name (and Fu  |  |  | aratesa.<br>Managara  |  |                      | 2. TD  | Numb  | er                   |                             |
| Re-Elect Judy D. Martin Register of Deeds   |  |  | PATERIOR SERVICE  |  | 20,000,000,000,000   |  | STATE OF THE PERSON                                     | 94-4-49-6-55s        | AT WEST ASSESSED AND STREET |
| Tee Moore way 15. Installed Register 62 25 0000   |  |  |   |  |                      |  |   |                      |                             |
| 3. Payee Information  | Add  | l Remove   | 95  |  |                      |  |   | 10                   |                             |
| a. Full Name, Mailing Address & Phone   | and the second s | d. Type of Committe  | 1. A. P. C.   | Service Control of the Control of th | eren serse           | h. Orig  | rinal Re  | ceipt l              | Date                        |
| (include city, state, & zip)  |  |  | П   | PAC  |                      | y to the time time                                   | * **  | <u></u>              | T (1977) 32 - 2534 (50      |
| Judy D Martin   | e Program de region de l'impart Vertexent de l'industrie de la compart de l'Affert Merce et de   | Referendum   | 買   | Party  | l                    |  |   |                      |                             |
| 1844 Highway 24-27  |  | e. Level Registered (  | Specify   |  | 24.484 P<br>25.447 P | i. Orig  | inal Rec  | eipt A               | Amount                      |
| Cameron North Carolina 28326  | <u> </u>   | Federal  | N   | County:  |                      | <u></u>  |   |                      |                             |
|   |  | State  |   | Municipality   | :                    | \$   |   |                      |                             |
|   | <u>-</u>   | f. Purpose Code  |   |  |                      | j. Elec  | tion Sur  | n to D               | ate                         |
|   |  | O - Refund filing fee  |   |  |                      | \$   |   |                      |                             |
|   |  |  |   |  |                      | <b>D</b>   |   |                      |                             |
| b. Job Title/Profession   | c. Employer's Name/Specific Field  | g. Comments  |   |  | 135 - 19<br>21 - 15  | k. Acc   | ount Co   | de                   |                             |
| Register of Deeds   | Moore County Government  |  |   |  |                      | 1  |   |                      |                             |
|   |  |  |   |  |                      |  |   |                      |                             |
| I. Form of Payment m. Required I  | lemarks  |  | W.h   | n. Date (mm/c  | d/yyy                | y) 0   | . Amou  | at _                 |                             |
| Check   |  |  | -   | 11/27/20   | 18                   | 5  | 568.  | 15                   |                             |
|   |  |  |   |  |                      |  |   |                      |                             |
| 3. Payee Information  | Ado  | Contract of the Contract of th | Carried States  |  |                      | *** (p.  |   | Y.                   |                             |
| a. Full Name, Mailing Address & Phone   |  | d. Type of Committe  | :e  | , a Garage Court   | 1000                 | h. Ori   | rinal Re  | ceipt ]              | Date                        |
| (include city, state, & zip)  |  | Candidate  | 닐   | PAC  |                      | ,  |   |                      |                             |
|   |  | Referendum   | 1 20 22 22  | Party  | 15.7.3               | a. 4 <u>27,97</u>                                    | die jako i s  | Princers             | and the second second       |
|   |  | e. Level Registered  | Specify   |  |                      | i. Orig  | inal Re   | eipt A               | Amount                      |
|   |  | Federal  | 님   | County:  |                      | \$   |   |                      | •                           |
|   |  | State  | ഥ   | Municipality   | " 1.                 |  |   |                      |                             |
|   |  | · 基本 医原络检验管体 统一统一会   | al entropy in   | 27.15 91.05 75 2 918 91  | 0.000                | * *31  | ·   | n                    |                             |
|   |  | f. Purpose Code  |   |  |                      | j. Elec  | tion Sur  | n to D               | ate                         |
|   |  | f. Purpose Code  | a personalis<br>Parametria  |  |                      | j. Elec<br>\$  | tion Sur  | n to D               | ate                         |
| h Joh Title/Profession  | c. Employer's Name/Specific Field  |  |   |  |                      | \$   |   |                      | ate                         |
| b. Job Title/Profession   | c. Employer's Name/Specific Field  | f. Purpose Code g. Comments  |   |  |                      | \$   | tion Sur  |                      | ate                         |
| b. Job Title/Profession   | c. Employer's Name/Specific Field  |  |   |  |                      | \$   |   |                      | ate                         |
|   |  |  |   | n. Date (mm/c  | (d/ <b>vv</b>        | \$<br>k. Acc   |   | de                   | ate                         |
| b. Job Title/Profession  1. Form of Payment m. Required I   |  |  |   | n, Date (mm/c  | ld/yyy               | \$<br>k. Acc   | ount Co   | de                   | atc                         |
|   | Remarks  | g. Comments  |   | n, Date (mm/c  | ld/yyy               | \$<br>k. Acc   | ount Co   | de                   | ate                         |
|   |  | g. Comments  |   | n. Date (mm/c  | ld/yyy               | \$<br>k. Acc   | ount Co   | de                   | ate                         |
| I. Form of Payment m. Required I  | Remarks  | g. Comments  | 121 TAY 182 SOUT  | n. Date (mm/c  |                      | \$ k. Acc  y) c  5                                   | ount Co   | de<br>nt             |                             |
| 1. Form of Payment m. Required I  | Remarks  | g. Comments  | 121 TAY 182 SOUT  | n. Date (mm/c  |                      | \$ k. Acc  y) c  5                                   | ount Co   | de<br>nt             |                             |
| 1. Form of Payment m. Required I 3. Payee Information a. Full Name, Mailing Address & Phone   | Remarks  | g. Comments  Remove d. Type of Committe Candidate Referendum   | ee 🔲  | PAC<br>Party   | -                    | \$ R. Acc  y) c s h. Ori                             | ount Co<br>Amou<br><br>ginal Re                         | de<br>nt<br>ceipt    | Date                        |
| 1. Form of Payment m. Required I 3. Payee Information a. Full Name, Mailing Address & Phone   | Remarks  | g. Comments  Remove d. Type of Committ Candidate Referendum c. Level Registered  | ee 🔲  | PAC<br>Party   | -                    | \$ R. Acc  y) c s h. Ori                             | ount Co<br>Amou<br><br>ginal Re                         | de<br>nt<br>ceipt    |                             |
| 1. Form of Payment m. Required I 3. Payee Information a. Full Name, Mailing Address & Phone   | Remarks  | g. Comments    Remove d. Type of Committ   | ee 🔲  | PAC Party y) County:   |                      | \$ R. Acc  y) c s h. Ori                             | ount Co<br>Amou<br><br>ginal Re                         | de<br>nt<br>ceipt    | Date                        |
| 1. Form of Payment m. Required I 3. Payee Information a. Full Name, Mailing Address & Phone   | Remarks  | g. Comments  Remove d. Type of Committ Candidate Referendum c. Level Registered Federal State  | ee 🔲  | PAC<br>Party   |                      | \$ k. Acc  y) c  s  h. Ori  L. Orig                  | ount Co . Amou Amou                                     | nt ceipt /           | Date<br>Amount              |
| 1. Form of Payment m. Required I 3. Payee Information a. Full Name, Mailing Address & Phone   | Remarks  | g. Comments    Remove d. Type of Committ   | ee 🔲  | PAC Party y) County:   |                      | \$ k. Acc  y) c  s  h. Ori  L. Orig                  | ount Co<br>Amou<br><br>ginal Re                         | nt ceipt /           | Date<br>Amount              |
| 1. Form of Payment m. Required I 3. Payee Information a. Full Name, Mailing Address & Phone   | Remarks  | g. Comments  Remove d. Type of Committ Candidate Referendum c. Level Registered Federal State  | ee 🔲  | PAC Party y) County:   |                      | \$ k. Acc  y) c  s  h. Ori  L. Orig                  | ount Co . Amou Amou                                     | nt ceipt /           | Date<br>Amount              |
| 1. Form of Payment m. Required I  3. Payee Information a. Full Name, Mailing Address & Phone (include city, state, & zip)   | Remarks  | g. Comments    Remove   Reference   Candidate   Reference   Reference   Federal   State   Purpose Code   | ee 🔲  | PAC Party y) County:   |                      | k. Acc y) o s h. Orig \$ j. Elec                     | ount Co . Amou  | de nt ceipt A        | Date<br>Amount              |
| 1. Form of Payment m. Required I 3. Payee Information a. Full Name, Mailing Address & Phone   | Remarks  | g. Comments  Remove d. Type of Committ Candidate Referendum c. Level Registered Federal State  | ee 🔲  | PAC Party y) County:   |                      | k. Acc y) o s h. Orig \$ j. Elec                     | ount Co . Amou Amou                                     | de nt ceipt A        | Date<br>Amount              |
| 1. Form of Payment m. Required I  3. Payee Information a. Full Name, Mailing Address & Phone (include city, state, & zip)   | Remarks  | g. Comments    Remove   Reference   Candidate   Reference   Reference   Federal   State   Purpose Code   | ee 🔲  | PAC Party y) County:   |                      | k. Acc y) o s h. Orig \$ j. Elec                     | ount Co . Amou  | de nt ceipt A        | Date<br>Amount              |
| J. Form of Payment m. Required I  3. Payee Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  b. Job Title/Profession   | Remarks  Add  C. Employer's Name/Specific Field  | g. Comments    Remove   Reference   Candidate   Reference   Reference   Federal   State   Purpose Code   | ee 🔲  | PAC Party y) County: Municipality  |                      | k. Acc y) o s h. Orig \$ j. Elec \$ k. Acc           | ount Co . Amou Amou Amou Amou Amou Ount Co              | de nt ceipt Ann to D | Date<br>Amount              |
| 1. Form of Payment m. Required I  3. Payee Information a. Full Name, Mailing Address & Phone (include city, state, & zip)   | Remarks  Add  C. Employer's Name/Specific Field  | g. Comments    Remove   Reference   Candidate   Reference   Reference   Federal   State   Purpose Code   | ee 🔲  | PAC Party y) County:   |                      | k. Acc  y) c  s  h. Orig  J. Elec  k. Acc            | . Amou | de nt ceipt Ann to D | Date<br>Amount              |
| J. Form of Payment m. Required I  3. Payee Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  b. Job Title/Profession   | Remarks  Add  C. Employer's Name/Specific Field  | g. Comments    Remove   Reference   Candidate   Reference   Reference   Federal   State   Purpose Code   | ee 🔲  | PAC Party y) County: Municipality  |                      | k. Acc  y) c  s  h. Orig  J. Elec  k. Acc            | ount Co . Amou Amou Amou Amou Amou Ount Co              | de nt ceipt Ann to D | Date<br>Amount              |
| J. Form of Payment m. Required I  3. Payee Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  b. Job Title/Profession   | Remarks  Add  C. Employer's Name/Specific Field  | g. Comments    Remove   Reference   Candidate   Reference   Reference   Federal   State   Purpose Code   | ee 🔲  | PAC Party y) County: Municipality  |                      | k. Acc  y) c  s  h. Orig  J. Elec  k. Acc            | . Amou | de nt ceipt An to D  | Date<br>Amount              |
| 1. Form of Payment m. Required I  3. Payee Information a. Full Name, Mailing Address & Phone (include city, state, & zip)  b. Job Title/Profession  1. Form of Payment m. Required I  4. Total only this Page | Remarks  Add  C. Employer's Name/Specific Field  | g. Comments    Remove d. Type of Committ   | Specifi   | PAC Party y) County: Municipality  |                      | k. Acc  h. Orig  j. Elec  k. Acc                     | ount Co . Amou . Amou . Ginal Rection Sul               | nt celpt / n to D    | Date<br>Amount              |
| 1. Form of Payment m. Required I  3. Payee Information a. Full Name, Mailing Address & Phone (include city, state, & zip)  b. Job Title/Profession  1. Form of Payment m. Required I  4. Total only this Page | c. Employer's Name/Specific Field  | g. Comments    Remove   Remove   Remove   Referendum   Referendum   Federal   State   Purpose Code   Remove   Pederal   State   Remove   Registered   Referendum   Referendum  | (Specification of the state of | PAC Party y) County: Municipality  | /:                   | k. Acc  y) c  s  h. Orig  L. Orig  k. Acc  x  k. Acc | . Amou . Amou . Sinal Re tion Su ount Co                | nt celpt / n to D    | Date<br>Amount              |